TRANSMISSION VERIFICATION REPORT

TIME : 10/20/2027 16:28
NAME : GUNTERLIBRARY
FAX : 3344162949
TEL : 3344162949
SER.# : BROF3J449455

DATE,TIME	10/20 16:27
FAX NO./NAME	9812052541999
DURATION	00:01:36
PAGE(S)	05
	COVERPAGE
RESULT	OK
MODE	STANDARD ECM

FAX

TO: Robin Adams
Maynard & Cooper
Defendant - Genpak

From: Lucille Hall

Phone: _____

Phone: 328-8581

Fax #: 205-254-1999

Fax #: 1-334-416-2949

Date: Oct 20, 2007

Pages: 5
(including cover sheet)

MESSAGE:

Please contact Monday when Received

I couldn't get the back on base in time

A/R the day Friday, 10/19/2007 before closing.

Lucille Hall

MAYNARD COOPER [redacted] & GALE PC
ATTORNEYS AT LAW

1901 Sixth Avenue North
2400 Regions/Harbert Plaza
Birmingham, Alabama 35203
Telephone 205.254.1000 Fax 205.254.1999

FACSIMILE TRANSMISSION

TO:	Attn: Ms. Lucille Hall	**FAX:**	334.~~416.7643~~ 416.2949
FROM:	Robin Adams	**PHONE:**	205.254.1105
DATE:	October 19, 2007		

COMMENTS:

TOTAL PAGES INCLUDING COVER PAGE: 4 SENT BY: _____

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PLEASE CALL (205) 254-1994

USER NO. 2474 CLIENT/MATTER NO. 04866/0006

MAYNARD COOPER [redacted] & GALE PC
ATTORNEYS AT LAW

Robin A. Adams
DIRECT 205.254.1105
EMAIL radams@maynardcooper.com

October 19, 2007

VIA FACSIMILE TO 334-416-7643

Lucille Hall
6124 Fuller Road
Montgomery, AL 36110

Re: Lucille Hall v. Genpak, LLC
Civil Action No: 2:06 CV 946-MHT (WO)

Dear Ms. Hall:

Attached please find a HIPAA Compliant Authorization for the Use or Release of Protected Health Information. Please sign and return it to us as required by the Court's Order.

Sincerely,

Robin Adams

RAA/dsl
Attachment

cc: David M. Smith, Esq.

HIPAA COMPLIANT AUTHORIZATION AND RELEASE FOR MEDICAL INFORMATION PURSUANT TO 45 CFR 164.508

To: _____

_____

_____

_____

I hereby authorize the above-named provider, hospital, health plan, institution, firm or corporation (the "Covered Entity") to disclose, upon presentation of this authorization and release, to the law firm of Maynard, Cooper & Gale, P.C., its attorneys, employees, agents and designees and any of their agents or designees, any and all health information concerning **Lucille Hall**, including by way of example, but not limited to the following:

> all medical records, investigative files and documents including but not limited to any and all medical records, physicians' records, surgeons' records, x-rays, CAT scans, MRI films, photographs and any other radiological, nuclear medicine or radiation therapy films, pathology materials, slides, tissues, laboratory reports, discharge summaries, progress notes, consultations, prescriptions, pharmacy records, records of drug abuse and alcohol abuse, HIV/AIDS diagnosis or treatment, physicals and histories, nurses' notes, patient intake forms, correspondence, psychiatric records, psychological records, social worker's records, insurance records, consent for treatment, statements of account, bills, invoices or any other papers concerning any treatment, examination, periods or stays of hospitalization, confinement, diagnosis or other information pertaining to and concerning the physical or mental condition of Lucille Hall (dob 02/13/1967, SSN 417-15-5899).

I understand that I may revoke this authorization and release at any time by giving written notice of revocation to the Covered Entity described above, except to the extent that action has already been taken in reliance upon this authorization and release before receipt of the written notice of revocation.

I understand that the information disclosed under this authorization and release may be subject to redisclosure by the person(s) specified above and may no longer be protected.

I understand that these insurance records are confidential. I understand that by signing this authorization and release I am specifically allowing the release of any insurance and medical information requested to the person(s) specified above, including any HIV/AIDS and sickle cell anemia diagnosis and treatment records that may be specifically protected by the Department of Veteran Affairs and/or state law or regulations. Drug and alcohol abuse information records are specifically protected by federal and/or state regulations, and by signing this authorization and release I understand that I am also expressly allowing the release of any drug and/or alcohol information records to the person(s) specified above. I also understand that by signing this authorization and release I am specifically authorizing the release of pharmacy and prescription information and records that may be protected by state law or regulations to the person(s) specified above. I also understand that by signing this authorization and release I am specifically authorizing the release of psychiatric records and psychological records, including the records of mental health counselors, that may be protected by state law or regulations to the person(s) specified above.

I also understand that I have the right to refuse to sign this authorization and release. I understand that the Covered Entity may not condition treatment, payment, enrollment in a health plan or eligibility for benefits

upon my execution of this authorization and release.

This authorization and release is continuing in nature and is to be given full force and effect to release any and all of the information described above after the date of this authorization and release until the conclusion of the case cited above. This authorization and release also includes the authority to copy any and all such information and to discuss the information with the above designated person(s). A copy of this authorization and release may be used in place of and with the same force and effect as the original.

Signature

10/19/07
Date

Address: 6124 Fuller Road
Montgomery, AL 36110

Date of Birth: 02/13/1967

Social Security Number: 417-15-5899

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.

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Robin Adams

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> all medical records, investigative files and documents including but not limited to any and all medical records, physicians' records, surgeons' records, x-rays, CAT scans, MRI films, photographs and any other radiological, nuclear medicine or radiation therapy films, pathology materials, slides, tissues, laboratory reports, discharge summaries, progress notes, consultations, prescriptions, pharmacy records, records of drug abuse and alcohol abuse, HIV/AIDS diagnosis or treatment, physicals and histories, nurses' notes, patient intake forms, correspondence, psychiatric records, psychological records, social worker's records, insurance records, consent for treatment, statements of account, bills, invoices or any other papers concerning any treatment, examination, periods or stays of hospitalization, confinement, diagnosis or other information pertaining to and concerning the physical or mental condition of Lucille Hall (dob 02/13/1967, SSN 417-15-5899).

I understand that I may revoke this authorization and release at any time by giving written notice of revocation to the Covered Entity described above, except to the extent that action has already been taken in reliance upon this authorization and release before receipt of the written notice of revocation.

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upon my execution of this authorization and release.

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